

## **Tool 18**

# **Unified Subwatershed and Site Reconnaissance (USSR) Field Forms**

The Center for Watershed Protection's USSR is a rapid field survey to evaluate potential pollution sources and restoration opportunities within urban subwatersheds. The USSR is designed to assess upland areas outside the stream corridor for behaviors that can influence water quality and to identify promising restoration project opportunities. For more details on the USSR and guidance for completing the field forms, see Wright *et al.*, 2004.



<b>WATERSHED:</b>	<b>SUBWATERSHED:</b>	<b>UNIQUE SITE ID:</b>	
<b>DATE:</b> ____/____/____	<b>ASSESSED BY:</b>	<b>CAMERA ID:</b>	<b>PIC#:</b>
<b>A. NEIGHBORHOOD CHARACTERIZATION</b>			
Neighborhood/Subdivision Name: _____		Neighborhood Area (acres) _____	
If unknown, address (or streets) surveyed: _____			
Homeowners Association? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown If yes, name and contact information: _____			
Residential (circle average single family lot size): _____			
<input type="checkbox"/> Single Family Attached (Duplexes, Row Homes) <1/8 1/8 1/4 1/3 1/2 acre		<input type="checkbox"/> Multifamily (Apts, Townhomes, Condos)	
<input type="checkbox"/> Single Family Detached <1/4 1/4 1/2 1 >1 acre		<input type="checkbox"/> Mobile Home Park	
Estimated Age of Neighborhood: _____ years	Percent of Homes with Garages: _____% With Basements _____%	<b>INDEX*</b>	
Sewer Service? <input type="checkbox"/> Y <input type="checkbox"/> N			○
Index of Infill, Redevelopment, and Remodeling <input type="checkbox"/> No Evidence <input type="checkbox"/> <5% of units <input type="checkbox"/> 5-10% <input type="checkbox"/> >10%			○
<b>Record percent observed for each of the following indicators, depending on applicability and/or site complexity</b>		<b>Percentage</b>	<b>Comments/Notes</b>
<b>B. YARD AND LAWN CONDITIONS</b>			
<b>B1.</b> % of lot with impervious cover			
<b>B2.</b> % of lot with grass cover			○
<b>B3.</b> % of lot with landscaping (e.g., mulched bed areas)			◇
<b>B4.</b> % of lot with bare soil			○
<i>*Note: B1 through B4 must total 100%</i>			
<b>B5.</b> % of lot with forest canopy			◇
<b>B6.</b> Evidence of permanent irrigation or “non-target” irrigation			○
<b>B7.</b> Proportion of <i>total neighborhood</i> turf lawns with following management status:	High: _____		○
	Med: _____		
	Low: _____		
<b>B8.</b> Outdoor swimming pools? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell Estimated # _____			○
<b>B9.</b> Junk or trash in yards? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell			○
<b>C. DRIVEWAYS, SIDEWALKS, AND CURBS</b>			
<b>C1.</b> % of driveways that are impervious <input type="checkbox"/> N/A			
<b>C2.</b> Driveway Condition <input type="checkbox"/> Clean <input type="checkbox"/> Stained <input type="checkbox"/> Dirty <input type="checkbox"/> Breaking up			○
<b>C3.</b> Are sidewalks present? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, are they on one side of street <input type="checkbox"/> or along both sides <input type="checkbox"/>			
<input type="checkbox"/> Spotless <input type="checkbox"/> Covered with lawn clippings/leaves <input type="checkbox"/> Receiving ‘non-target’ irrigation			○
What is the distance between the sidewalk and street? _____ ft.			◇
Is pet waste present in this area? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			○
<b>C4.</b> Is curb and gutter present? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, check all that apply:			
<input type="checkbox"/> Clean and Dry <input type="checkbox"/> Flowing or standing water <input type="checkbox"/> Long-term car parking <input type="checkbox"/> Sediment			○
<input type="checkbox"/> Organic matter, leaves, lawn clippings <input type="checkbox"/> Trash, litter, or debris <input type="checkbox"/> Overhead tree canopy			◇

\* INDEX: ○ denotes potential pollution source; ◇ denotes a neighborhood restoration opportunity

<b>D. ROOFTOPS</b>										
<b>D1.</b> Downspouts are directly connected to storm drains or sanitary sewer									◇ ○	
<b>D2.</b> Downspouts are directed to impervious surface										
<b>D3.</b> Downspouts discharge to pervious area										
<b>D4.</b> Downspouts discharge to a cistern, rain barrel, etc.										
<i>*Note: C1 through C4 should total 100%</i>										
<b>D5.</b> Lawn area present downgradient of leader for rain garden? <input type="checkbox"/> Y <input type="checkbox"/> N									◇	
<b>E. COMMON AREAS</b>										
<b>E1.</b> Storm drain inlets? <input type="checkbox"/> Y <input type="checkbox"/> N    If yes, are they stenciled? <input type="checkbox"/> Y <input type="checkbox"/> N    Condition: <input type="checkbox"/> Clean <input type="checkbox"/> Dirty										◇
Catch basins inspected? <input type="checkbox"/> Y <input type="checkbox"/> N    If yes, include Unique Site ID from SSD sheet: _____										○
<b>E2.</b> Storm water pond? <input type="checkbox"/> Y <input type="checkbox"/> N    Is it a <input type="checkbox"/> wet pond or <input type="checkbox"/> dry pond?    Is it overgrown? <input type="checkbox"/> Y <input type="checkbox"/> N What is the estimated pond area? <input type="checkbox"/> <1 acre <input type="checkbox"/> about 1 acre <input type="checkbox"/> > 1 acre										◇
<b>E3.</b> Open Space? <input type="checkbox"/> Y <input type="checkbox"/> N    If yes, is pet waste present? <input type="checkbox"/> Y <input type="checkbox"/> N    dumping? <input type="checkbox"/> Y <input type="checkbox"/> N										○
Buffers/floodplain present: <input type="checkbox"/> Y <input type="checkbox"/> N    If yes, is encroachment evident? <input type="checkbox"/> Y <input type="checkbox"/> N										
<b>F. INITIAL NEIGHBORHOOD ASSESSMENT AND RECOMMENDATIONS</b>										
Based on field observations, this neighborhood has significant indicators for the following: <i>(check all that apply)</i> <input type="checkbox"/> Nutrients <input type="checkbox"/> Oil and Grease <input type="checkbox"/> Trash/Litter <input type="checkbox"/> Bacteria <input type="checkbox"/> Sediment <input type="checkbox"/> Other _____										○
<b>Recommended Actions</b> <i>Specific Action</i> <input type="checkbox"/> Onsite retrofit potential? <input type="checkbox"/> Better lawn/landscaping practice? <input type="checkbox"/> Better management of common space? <input type="checkbox"/> Pond retrofit? <input type="checkbox"/> Multi-family Parking Lot Retrofit? <input type="checkbox"/> Other action(s) _____					<b>Describe Recommended Actions:</b>					
<b>Initial Assessment</b>										
<b>NSA Pollution Severity Index</b> <input type="checkbox"/> Severe    (More than 10 circles checked) <input type="checkbox"/> High    (5 to 10 circles checked) <input type="checkbox"/> Moderate (Fewer than 5 circles checked) <input type="checkbox"/> None    (No circles checked)										
<b>Neighborhood Restoration Opportunity Index</b> <input type="checkbox"/> High    (More than 5 diamonds checked) <input type="checkbox"/> Moderate (3-5 diamonds checked) <input type="checkbox"/> Low    (Fewer than 3 diamonds checked)										

**NOTES:**

<b>WATERSHED:</b>		<b>SUBWATERSHED:</b>		<b>UNIQUE SITE ID:</b>	
<b>DATE:</b> ____/____/____		<b>ASSESSED BY:</b>		<b>CAMERA ID:</b>	
<b>MAP GRID:</b>		<b>LAT</b> ____° ____' ____" <b>LONG</b> ____° ____' ____"			<b>LMK #</b>
<b>A. SITE DATA AND BASIC CLASSIFICATION</b>					
Name and Address: _____		Category: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Miscellaneous			
_____		<input type="checkbox"/> Institutional <input type="checkbox"/> Municipal <input type="checkbox"/> Golf Course			
_____		<input type="checkbox"/> Transport-Related <input type="checkbox"/> Marina <input type="checkbox"/> Animal Facility			
SIC code (if available): _____		Basic Description of Operation: _____			
NPDES Status: <input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated <input type="checkbox"/> Unknown				<b>INDEX*</b>	
<b>B. VEHICLE OPERATIONS</b> <input type="checkbox"/> N/A (Skip to part C)				<b>Observed Pollution Source?</b> <input type="checkbox"/>	
<b>B1.</b> Types of vehicles: <input type="checkbox"/> Fleet vehicles <input type="checkbox"/> School buses <input type="checkbox"/> Other: _____					
<b>B2.</b> Approximate number of vehicles: _____					
<b>B3.</b> Vehicle activities (circle all that apply): Maintained Repaired Recycled Fueled Washed Stored					
<b>B4.</b> Are vehicles stored and/or repaired outside? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
Are these vehicles lacking runoff diversion methods? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
<b>B5.</b> Is there evidence of spills/leakage from vehicles? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
<b>B6.</b> Are uncovered outdoor fueling areas present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
<b>B7.</b> Are fueling areas directly connected to storm drains? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
<b>B8.</b> Are vehicles washed outdoors? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
Does the area where vehicles are washed discharge to the storm drain? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
<b>C. OUTDOOR MATERIALS</b> <input type="checkbox"/> N/A (Skip to part D)				<b>Observed Pollution Source?</b> <input type="checkbox"/>	
<b>C1.</b> Are loading/unloading operations present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
If yes, are they uncovered and draining towards a storm drain inlet? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
<b>C2.</b> Are materials stored outside? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell If yes, are they <input type="checkbox"/> Liquid <input type="checkbox"/> Solid Description: _____					
Where are they stored? <input type="checkbox"/> grass/dirt area <input type="checkbox"/> concrete/asphalt <input type="checkbox"/> bermed area					
<b>C3.</b> Is the storage area directly or indirectly connected to storm drain (circle one)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
<b>C4.</b> Is staining or discoloration around the area visible? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
<b>C5.</b> Does outdoor storage area lack a cover? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
<b>C6.</b> Are liquid materials stored without secondary containment? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
<b>C7.</b> Are storage containers missing labels or in poor condition (rusting)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
<b>D. WASTE MANAGEMENT</b> <input type="checkbox"/> N/A (Skip to part E)				<b>Observed Pollution Source?</b> <input type="checkbox"/>	
<b>D1.</b> Type of waste (check all that apply): <input type="checkbox"/> Garbage <input type="checkbox"/> Construction materials <input type="checkbox"/> Hazardous materials					
<b>D2.</b> Dumpster condition (check all that apply): <input type="checkbox"/> No cover/Lid is open <input type="checkbox"/> Damaged/poor condition <input type="checkbox"/> Leaking or evidence of leakage (stains on ground) <input type="checkbox"/> Overflowing					
<b>D3.</b> Is the dumpster located near a storm drain inlet? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
If yes, are runoff diversion methods (berms, curbs) lacking? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
<b>E. PHYSICAL PLANT</b> <input type="checkbox"/> N/A (Skip to part F)				<b>Observed Pollution Source?</b> <input type="checkbox"/>	
<b>E1.</b> Building: Approximate age: _____ yrs. Condition of surfaces: <input type="checkbox"/> Clean <input type="checkbox"/> Stained <input type="checkbox"/> Dirty <input type="checkbox"/> Damaged					
Evidence that maintenance results in discharge to storm drains (staining/discoloration)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know					

\*Index: ○ denotes potential pollution source; ☐ denotes confirmed polluter (evidence was seen)

<b>E2. Parking Lot:</b> Approximate age ____ yrs. Condition: <input type="checkbox"/> Clean <input type="checkbox"/> Stained <input type="checkbox"/> Dirty <input type="checkbox"/> Breaking up Surface material <input type="checkbox"/> Paved/Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Permeable <input type="checkbox"/> Don't know		○
<b>E3. Do downspouts discharge to impervious surface?</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know <input type="checkbox"/> None visible Are downspouts directly connected to storm drains? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know		○
<b>E4. Evidence of poor cleaning practices for construction activities (stains leading to storm drain)?</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
<b>F. TURF/LANDSCAPING AREAS</b> <input type="checkbox"/> N/A (skip to part G)		<b>Observed Pollution Source?</b> <span style="border: 1px solid black; padding: 2px;"> </span>
<b>F1. % of site with:</b> Forest canopy ____% Turf grass ____% Landscaping ____% Bare Soil ____%		○
<b>F2. Rate the turf management status:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		○
<b>F3. Evidence of permanent irrigation or "non-target" irrigation</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
<b>F4. Do landscaped areas drain to the storm drain system?</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
<b>F5. Do landscape plants accumulate organic matter (leaves, grass clippings) on adjacent impervious surface?</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
<b>G. STORM WATER INFRASTRUCTURE</b> <input type="checkbox"/> N/A (skip to part H)		<b>Observed Pollution Source?</b> <span style="border: 1px solid black; padding: 2px;"> </span>
<b>G1. Are storm water treatment practices present?</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown If yes, please describe: _____		○
<b>G2. Are private storm drains located at the facility?</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown Is trash present in gutters leading to storm drains? If so, complete the index below.		○
Index Rating for Accumulation in Gutters		
	Clean	Filthy
Sediment	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Organic material	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Litter	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>G3. Catch basin inspection – Record SSD Unique Site ID here:</b> _____ Condition: <input type="checkbox"/> Dirty <input type="checkbox"/> Clean		
<b>H. INITIAL HOTSPOT STATUS - INDEX RESULTS</b>		
<input type="checkbox"/> Not a hotspot (fewer than 5 circles and no boxes checked) <input type="checkbox"/> Potential hotspot (5 to 10 circles but no boxes checked) <input type="checkbox"/> Confirmed hotspot (10 to 15 circles and/or 1 box checked) <input type="checkbox"/> Severe hotspot (>15 circles and/or 2 or more boxes checked)		
<b>Follow-up Action:</b> <input type="checkbox"/> Refer for immediate enforcement <input type="checkbox"/> Suggest follow-up on-site inspection <input type="checkbox"/> Test for illicit discharge <input type="checkbox"/> Include in future education effort <input type="checkbox"/> Check to see if hotspot is an NPDES non-filer <input type="checkbox"/> Onsite non-residential retrofit <input type="checkbox"/> Pervious area restoration; complete PAA sheet and record Unique Site ID here: _____ <input type="checkbox"/> Schedule a review of storm water pollution prevention plan		
<b>Notes:</b>		

<b>WATERSHED:</b>		<b>SUBWATERSHED:</b>		<b>UNIQUE SITE ID:</b>	
<b>DATE:</b> ____/____/____		<b>ASSESSED BY:</b>		<b>CAMERA ID:</b>	
<b>MAP GRID:</b>		<b>LAT</b> ____° ____' ____" <b>LONG</b> ____° ____' ____"			<b>LMK #</b>
<b>A. PARCEL DESCRIPTION</b>					
Size: ____ acre(s) Access to site ( <i>check all that apply</i> ): <input type="checkbox"/> Foot access <input type="checkbox"/> Vehicle access <input type="checkbox"/> Heavy equipment access Ownership: <input type="checkbox"/> Private <input type="checkbox"/> Public Current Management: <input type="checkbox"/> School <input type="checkbox"/> Park <input type="checkbox"/> Right-of-way <input type="checkbox"/> Vacant land <input type="checkbox"/> Other (please describe) _____ Contact Information: _____ Connected to other pervious area? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what type? <input type="checkbox"/> Forest <input type="checkbox"/> Wetland <input type="checkbox"/> Other _____ Estimated size of connected pervious area: ____ acre(s) Record Unique Site ID of connected fragment: _____					
<b>PART I. NATURAL AREA REMNANT</b>					
<b>FOREST</b>			<b>WETLAND</b>		
<b>B. CURRENT VEGETATIVE COVER</b>			<b>B. CURRENT VEGETATIVE COVER</b>		
<b>B1.</b> Percent of forest with the following canopy coverage: Open ____% Partly shaded ____% Shaded ____% <i>*Note – these should total 100%</i> <b>B2.</b> Dominant tree species: _____ _____ <b>B3.</b> Understory species: _____ _____ <b>B4.</b> Are invasive species present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown If yes, % of forest with invasives: _____ Species: _____			<b>B1.</b> % of wetland with following vegetative zones: Aquatic: _____ Emergent: _____ Forested: _____ <i>*Note – these should total 100%</i> <b>B2.</b> Dominant species: _____ _____ <b>B3.</b> Are invasive species present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown If yes, % of wetland with invasives: _____ Species: _____		
<b>C. FOREST IMPACTS</b>			<b>C. WETLAND IMPACTS</b>		
<b>C1.</b> Observed Impacts ( <i>check all that apply</i> ): <input type="checkbox"/> Animals <input type="checkbox"/> Clearing/encroachment <input type="checkbox"/> Trash and dumping <input type="checkbox"/> Storm water runoff <input type="checkbox"/> Other			<b>C1.</b> Observed Impacts ( <i>check all that apply</i> ): <input type="checkbox"/> Animals <input type="checkbox"/> Clearing/encroachment <input type="checkbox"/> Trash and dumping <input type="checkbox"/> Storm water runoff <input type="checkbox"/> Hydrologic impacts <input type="checkbox"/> Other		
<b>D. NOTES</b>			<b>D. NOTES</b>		
<b>E. INITIAL RECOMMENDATION</b>					
<input type="checkbox"/> Good candidate for conservation/protection <input type="checkbox"/> Potential restoration candidate <input type="checkbox"/> Poor restoration or conservation candidate					

**PART II. OPEN PERVIOUS AREAS****A. CURRENT VEGETATIVE COVER****A1.** Percent of assessed surface with:

Turf \_\_\_\_\_% Other Herbaceous \_\_\_\_\_% None (bare soil) \_\_\_\_\_% Trees \_\_\_\_\_% Shrubs \_\_\_\_\_% Other \_\_\_\_\_%

(please describe): \_\_\_\_\_ \*Note – these should total 100%

**A2.** Turf: Height: \_\_\_\_\_ inches Apparent Mowing Frequency: ☐ Frequent ☐ Infrequent ☐ No-Mow ☐ Unknown  
Condition (check all that apply): ☐ Thick/Dense ☐ Thin/Sparse ☐ Clumpy/Bunchy ☐ Continuous Cover**A3.** Thickness of organic matter at surface: \_\_\_\_\_ inches**A4.** Are invasive species present? ☐ Y ☐ N ☐ Unknown If yes, % of site with invasives: \_\_\_\_\_

Species: \_\_\_\_\_

**B. IMPACTS****B1.** Observed Impacts (check all that apply): ☐ Soil Compaction ☐ Erosion ☐ Trash and Dumping☐ Poor Vegetative Health ☐ Other (describe): \_\_\_\_\_**C. REFORESTATION CONSTRAINTS****C1.** Sun exposure: ☐ Full sun ☐ Partial sun ☐ Shade ☐ Unknown**C2.** Nearby water source? ☐ Y ☐ N ☐ Unknown**C3.** Other constraints: ☐ Overhead wires ☐ Underground Utilities ☐ Pavement ☐ Buildings  
☐ Other (please describe): \_\_\_\_\_**D. NOTES****E. INITIAL RECOMMENDATION**

- ☐ Good candidate for natural regeneration  
☐ May be reforested with minimal site preparation  
☐ May be reforested with extensive site preparation  
☐ Poor reforestation or regeneration site

**PART III. SKETCH**



<b>WATERSHED:</b>	<b>SUBWATERSHED:</b>	<b>UNIQUE SITE ID:</b>
<b>DATE:</b> ____/____/____	<b>ASSESSED BY:</b>	<b>CAMERA ID:</b>
<b>MAP GRID</b>	<b>RAIN IN LAST 24 HOURS</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>PIC #</b>
<b>A. LOCATION</b>		
<b>A1.</b> Street names or neighborhood surveyed: _____		
<b>A2.</b> Adjacent land use: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Municipal <input type="checkbox"/> Transport-Related		
<b>A3.</b> Corresponding HSI or NSA field sheet? If so, circle HSI or NSA and record its Unique Site ID here _____		
<b>B. STREET CONDITIONS</b>		
<b>B1.</b> Road Type: <input type="checkbox"/> Arterial <input type="checkbox"/> Collector <input type="checkbox"/> Local <input type="checkbox"/> Alley <input type="checkbox"/> Other: _____		
<b>B2.</b> Condition of Pavement: <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Cracked <input type="checkbox"/> Broken		
<b>B3.</b> Is on-street parking permitted <input type="checkbox"/> Y <input type="checkbox"/> N If yes, approximate number of cars per block: _____		
<b>B4.</b> Are large cul-de-sacs present? <input type="checkbox"/> Y <input type="checkbox"/> N		
<b>B5.</b> Is trash present in curb and gutter? If so, use the index to the right to record amount.	Index Rating for Accumulation in Gutters	
	Clean	Filthy
Sediment	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Organic Material	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Litter	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>C. STORM DRAIN INLETS AND CATCH BASINS</b>		
<b>C1.</b> Type of storm drain conveyance: <input type="checkbox"/> open <input type="checkbox"/> enclosed <input type="checkbox"/> mixed		
<b>C2.</b> Percentage of inlets with catch basin storage: _____ <input type="checkbox"/> N/A		
<b>Sample 1-2 catch basins per NSA/HSI</b>	<b>C3. Catch basin #1</b>	<b>C4. Catch basin #2</b>
Latitude	____° ____' ____"	____° ____' ____"
Longitude	____° ____' ____"	____° ____' ____"
LMK #		
Picture #		
Current Condition	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> Wet <input type="checkbox"/> Dry
Condition of Inlet	<input type="checkbox"/> Clear <input type="checkbox"/> Obstructed	<input type="checkbox"/> Clear <input type="checkbox"/> Obstructed
Litter Accumulation	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Organics Accumulation	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Sediment Accumulation	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Sediment Depth (in feet)	_____ ft.	_____ ft.
Water Depth	_____ ft.	_____ ft.
Evidence of oil and grease	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Sulfur smell	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Accessible to vacuum truck	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>D. NON-RESIDENTIAL PARKING LOT (&gt;2 acres)</b>		
<b>D1.</b> Approximate size: _____ acres		
<b>D2.</b> Lot Utilization: <input type="checkbox"/> Full <input type="checkbox"/> About half full <input type="checkbox"/> Empty		
<b>D3.</b> Overall condition of Pavement: <input type="checkbox"/> Smooth (no cracks) <input type="checkbox"/> Medium (few cracks) <input type="checkbox"/> Rough (many cracks) <input type="checkbox"/> Very Rough (numerous cracks and depressions)		
<b>D4.</b> Is lot served by a storm water treatment practice? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe: _____		
<b>D5.</b> On-site retrofit potential: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor		

<b>E. MUNICIPAL POLLUTANT REDUCTION STRATEGIES</b>	
<b>E1.</b> Degree of pollutant accumulation in the system: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None	
<b>E2.</b> Rate the feasibility of the following pollution prevention strategies:	
Street Sweeping:	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
Storm Drain Stenciling:	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
Catch Basin Clean-outs:	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
Parking Lot Retrofit Potential:	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
<b>CATCH BASIN SKETCHES</b>	
<b>#1</b>	<b>#2</b>
<b>Notes:</b>	